

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		/			
2	2	1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10	1		/			
11		1				
12		1				
13		1				
14		1				
15		1				
16	1		/			
17		1				
18		1				
19	1		/			
20		1				
21		1				
22		1				
23		1				
24	1		/			
25		1				
26	1		/			
27		1				
28		1				
29		1				
30	1		/			
31		1				
32	1		/			
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	28					
TOTAL CLAIMS	36					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS